

Work Order ID 94018 *4/3*

December 3, 2012 10:48:11 AM

1x *109770 - rework*
94018

Page 1

Item ID: D205-708-011

Accept

N9000040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Adjustable Engine Mount

Start Date: 11/30/12 Start Qty: 6.00

SPUT
50
1 *6*

Cust Item ID:

Required Date: 12/28/12 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan: *CL*

Date: 12/12/10 Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Seq	cc	creat	Seq	Tool #	Plan	Accept	Reject	Reject	Disp.
Work Center ID	Description	Run	Code	Qty	Qty	Number	Stamp		

Draw Nbr Revision Nbr

B80701 Rev C *SP*

100

0.00

100

DOCUMENT CONTROL

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels per PPP D205-708-011, CHG001

110

0.00

110

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: *18556* for:

6	D3284-001	(B80702-1)	Sleeve
2	D3284-003	(B80703-1)	Stud
4	D3284-005	(B80704-1)	Stud
6	D3284-007	(B80705-1)	Stud
6	NAS509-12	Nut	
6	NAS509L12	NutStud	

To be assembled as per Dwg B80701 Rev. C

Possible Supplier: Northern Aero

Certificate of Conformity is required

CL 12/11/30 (6)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Skid-tube <input type="checkbox"/></td> <td style="width:33%;">Crosstube <input type="checkbox"/></td> <td style="width:33%;">Water Jet <input type="checkbox"/></td> <td style="width:33%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 94018

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94018

Page 2

Item ID: D205-708-011

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Adjustable Engine Mount

Start Date: 11/30/12 Start Qty: 6.00

6

Cust Item ID:

Required Date: 12/28/12 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Setup
Hours

Tool # Plan Accept Reject Reject Insp.
Code Qty Qty Number Stamp

120

Receive & Inspect for Damage & Mat'l Certs

0.00

120

Packaging

Memo

0.00

Packaging

Receive & Inspect For Transit Damage Ensure Certificate of Conformity is attached

12/3/14/30

130

QC5- Inspect part completeness to step on W/O

0.00

130

QC

Memo

0.00

Quality Control

Inspect assembly. Visually inspect thread, fit and cad plating

DAS
27
89
12/12/09

135

Pick Kit

0.00

135

Packaging

Memo

0.00

Packaging

5x

80

13-2-25.

1x

80 13-4-5

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
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<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
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<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
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		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 94018

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94018

Page 3

Item ID: D205-708-011

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Adjustable Engine Mount

Start Date: 11/30/12 Start Qty: 6.00

6

Cust Item ID:

Required Date: 12/28/12 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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140

QC4- 100% Inspect kits for completeness

0.00

140

QC

Memo

0.00

Quality Control

150

Packaging

0.00

150

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D205-708-011

Location: _____

PPP Rev: _____

160

QC21- Final Inspection - Work Order Release

0.00

160

QC

Memo

0.00

Quality Control

*closed / posted
in error -
see new w/o
109770
w/ 12.4.29*

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

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Page 1

Work Order ID: 94018

Parent Item: D205-708-011

Parent Item Name: Adjustable Engine Mount

Start Date: 11/30/12

Required Date: 12/28/12

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP C 06.01.31 Added MS206136C12 JLM/AP
IPP Rev:D 07-12-12 as per ECN 1074 DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3284-001 Sleeve		Manufactured	No			140	Each	6.0000	6	36			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST037		6							
D3284-003 Stud		Manufactured	No			140	Each	5.0000	2	12			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST037		5							
				32724		3							
				35656		2							
D3284-005 Stud		Manufactured	No			140	Each	11.0000	4	24			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST037		11							
				24757		6							
				43645		3							
				79831		2							
D3284-007 Stud		Manufactured	No			140	Each	6.0000	6	36			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST037		6							
				24757		6							
D3284-009 Bearing		Manufactured	No			140	Each	18.0000	6	36			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST037		18							
				91712		18							

B94018 SP

B94018 SP

B94018 SP

B94018 SP

B94442 . 15x.
B24775 . 17x.
4-x

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

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Page 2

Work Order ID: 94018
Parent Item: D205-708-011
Parent Item Name: Adjustable Engine Mount

Start Date: 11/30/12

Required Date: 12/28/12

Start Qty: 6.00

Required Qty: 6.00

D3284-011 Bearing	Manufactured	No	140	Each	3.0000	1	6	B94443 5x
			<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>			
			ST037	3				
			60004	3				
MS20613-6C12 RIVET	Purchased	No	140	Each	68.0000	2	12	1x SP
			<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>			
				2				
			436	68				
MS20613-6C16 Rivet	Purchased	No	140	Each	436.0000	8	48	12x SP
			<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>			
			ST312	436				
			115358	436				
MS20613-6C18 Rivet	Purchased	No	140	Each	7.0000	4	24	21x m124343 SP
			<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>			
			ST312	7				
			19513	7				
MS20613-6C19 Rivet	Purchased	No	140	Each	0.0000	12	72	m124343 6x m19349 6x m19349 6x m19349 6x
NAS509-12 Nut	Purchased	No	140	Each	48.0000	6	36	B 94018 SP 13-2-25
			<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>			
			ST279	48				
			15057	42				
			24757	6				

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Shop Packet Print

Page 2

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Skid-tube <input type="checkbox"/></td> <td style="width:33%;">Crosstube <input type="checkbox"/></td> <td style="width:33%;">Water Jet <input type="checkbox"/></td> <td style="width:33%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

December 3, 2012 10:48:11 AM

Page 3

Work Order ID: 94018

Parent Item: D205-708-011

Parent Item Name: Adjustable Engine Mount

Start Date: 11/30/12

Required Date: 12/28/12

Start Qty: 6.00

Required Qty: 6.00

NAS5091.12

Purchased

No

140

Each

44.0000

6

36

Nut

Location

Loc Qty

Loc Code

ST279

44

102296

29

15062

9

24757

6

B94018
SP13-2-25.

1X 11102296 Pull from
CX13112109 w/tech.

1 scrap from b# 94018

December 3, 2012 10:48:11 AM

Shop Packet Print

Page 3

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

ACS-NAI Ltd.

25 Dunlop Avenue
R2X 2V2 Winnipeg
Canada
Tel : 204-772-9922
Fax : 204-772-7568

Delivery No. : 3653
Delivery Date : 04/03/2013
SO No. : 28612
Your Reference : PO: 18556
Delivery Method : FEDEX
Payment Condition : Net 30 Days

SO: 28612

Delivery to: Dart Aerospace Ltd.

Attention: Chantal Lavoie
1270 Aberdeen Street

Hawkesbury K6A 1K7
Canada

Part No.	Description	QTY	UNIT	DATE
B80702-1 ✓	SLEEVE 13-2280	✓ 6	EA	04/04/2013
B80703-1 ✓	7/8" STUD 13-2281	✓ 2	EA	04/04/2013
B80704-1 ✓	3/4" MALE STUD 13-2282	✓ 4	EA	04/04/2013
B80705-1 ✓	STUD 13-2283	✓ 6	EA	04/04/2013

Returned parts - No CAD Plating. Rework
RMA-0217-13

Ship via FedEx our account

SP13-4-5

Packages: 0

Gross Weight: 0.00

Net Weight:

Ordered by: Dart Aerospace Ltd.

Attention: Chantal Lavoie
1270 Aberdeen Street
Hawkesbury K6A 1K7
Canada

Invoice to: Dart Aerospace Ltd.

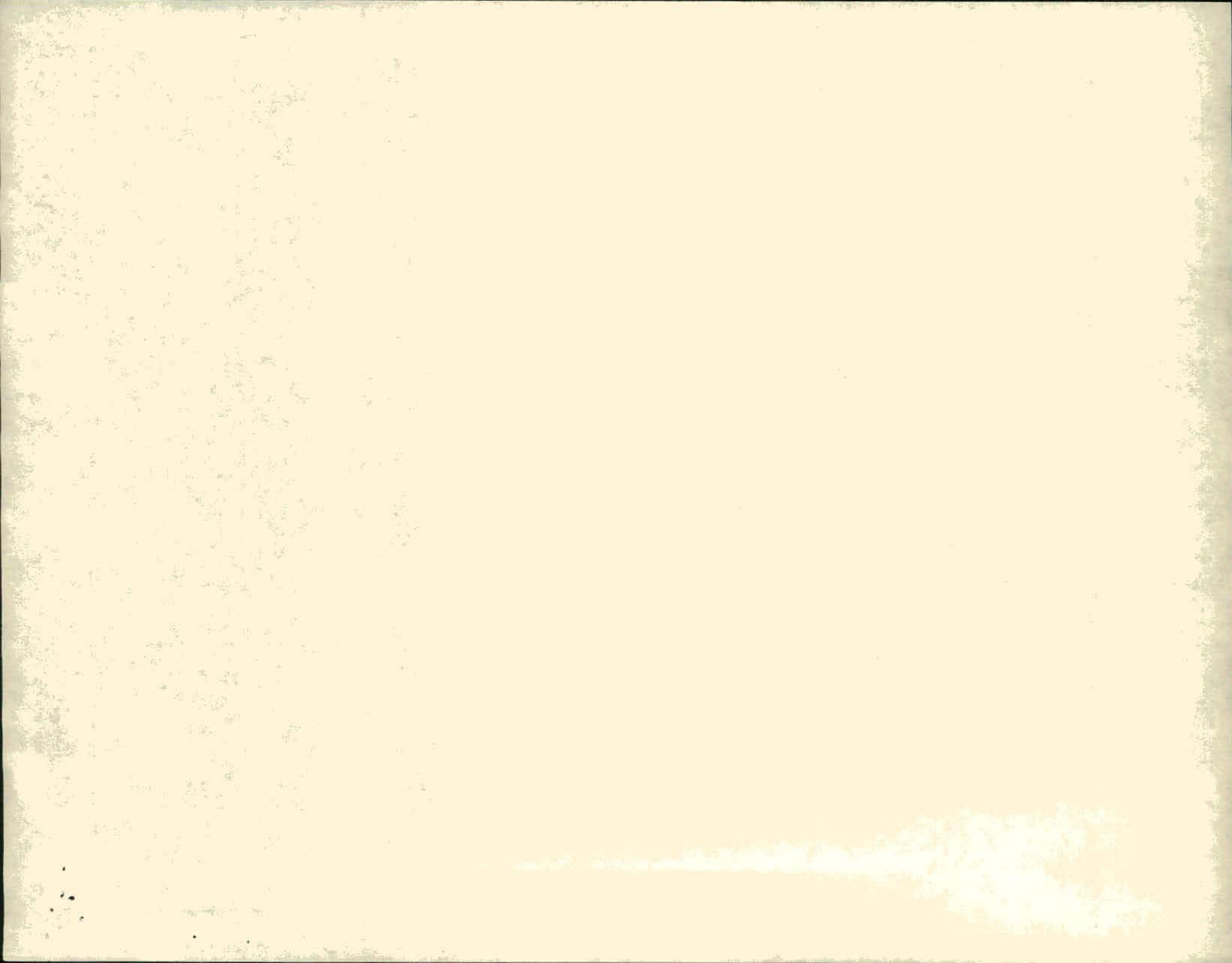
Attention: Accounts
1270 Aberdeen Street
Hawkesbury K6A 1K7
Canada


0.00

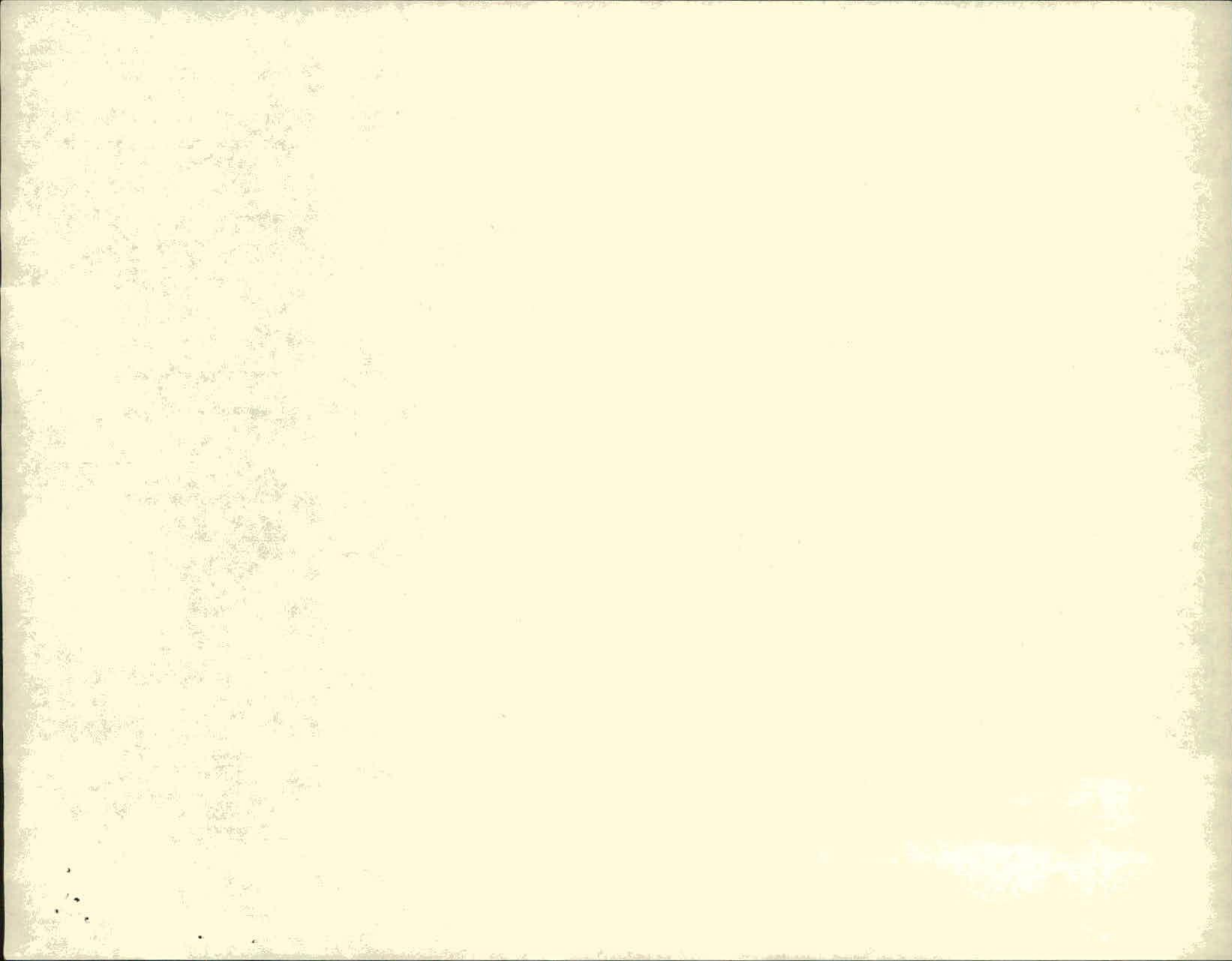
I hereby certify that the aircraft part(s) described hereon were
acquired from a source of supply that is consistent with the
conditions under which TCCA distributor approval AMO88-97
has been granted.

Signatory

Date:



1. Approving Civil Aviation Authority / Country TRANSPORT CANADA		2. AUTHORIZED RELEASE CERTIFICATE FORM ONE		3. Form tracking No. 27975-2A	
4. Organization name and address ACS-NAI LTD. 25 Dunlop Avenue Winnipeg, Manitoba R2X 2V2 Canada				5. Work Order/Contract/Invoice PO: 18556	
6. Item	7. Description	8. Part No.	9. Qty.	10. Serial/Batch No.	11. Status/Work
1	Sleeve	B80702-1	6	13-2280	New
2	7/8" Stud	B80703-1	2	13-2281	New
3	3/4" Stud	B80704-1	4	13-2282	New
4	Stud	B80705-1	6	13-2283	New
12. Remarks THESE AERONAUTICAL PRODUCTS CONFORM TO APPROVED DESIGN DATA IN ACCORDANCE WITH TCCA STC SH99-11; (FAA STC SR00953NY)					
13a. Certifies that the items identified above were manufactured in conformity to: <input checked="" type="checkbox"/> Approved design data and are in condition for safe operation. <input type="checkbox"/> Non approved design data specified in block 12.			14a. <input type="checkbox"/> CAR 571.10 Maintenance Release <input type="checkbox"/> Other regulations specified in block 12 Certifies that unless otherwise specified in block 12 the work identified in block 11 and described in block 12 has been performed in compliance with the Canadian Aviation Regulations.		
13b. Signature 		13c. Approved Organization Number AMO-88-97		14b. Authorized Signature	
13d. Name R. D. WILLIAMSON		13e. Date (dd mmm yyyy) 03-Apr-13		14c. Approved Organization Number	
				14d. Name	
				14e. Date (dd mmm yyyy)	
INSTALLER RESPONSIBILITIES					
This certificate does not constitute authority to install.					
Installers working in accordance with the national regulations of a country other than that specified in Block 1 MUST ensure that their regulations recognize certifications from the country specified.					
Statements in block 13a and 14a do not constitute installation certification. In all cases, the technical record for the aircraft must contain an installation certification issued in accordance with the applicable national regulations before the aircraft may be flown.					



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577

OUTSTANDING PO REPRINT

Purchase Order ID PO18556

Purchase Order Date 11/30/2012

PO Print Date 3/21/2013

Page Number 1 of 4

Order From :

VU-NOR003

NORTHERN AERO INDUSTRIES LTD.
25 DUNLOP AVENUE
WINNIPEG, MB R2X 2V2
CA

Contact Name		Buyer	Chantal Lavoie
Vendor Phone	204-772-9922	Requisition Nbr	
Vendor Fax	204772-7568	Tax Resale Nbr	10127-2607
Vendor Account Nbr		Terms	Net 30
		Currency	USD
		FOB	Destination-Collect

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty	Unit Price	Extended Price
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Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req. Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	B80702-1	Sleeve	2/28/2013 Yes	✓ 6.00 Each	FedEx PI collect	\$117.0000	\$702.00

Special Inst: AS PER DWG D205-708-011
B94018

Line Total: \$702.00

2	B80703-1	Stud	2/28/2013 Yes	✓ 2.00 Each	FedEx PI collect	\$98.0000	\$196.00
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8013-4-5
Line Total: \$196.00

3/12/2013



space Ltd.
erdeen Street
sbury, ON K6A 1K7
613 632 9577

OUTSTANDING PO REPRINT

Purchase Order ID PO18556

Purchase Order Date 11/30/2012

PO Print Date 3/21/2013

Page Number 2 of 4

Order From :

VU-NOR003

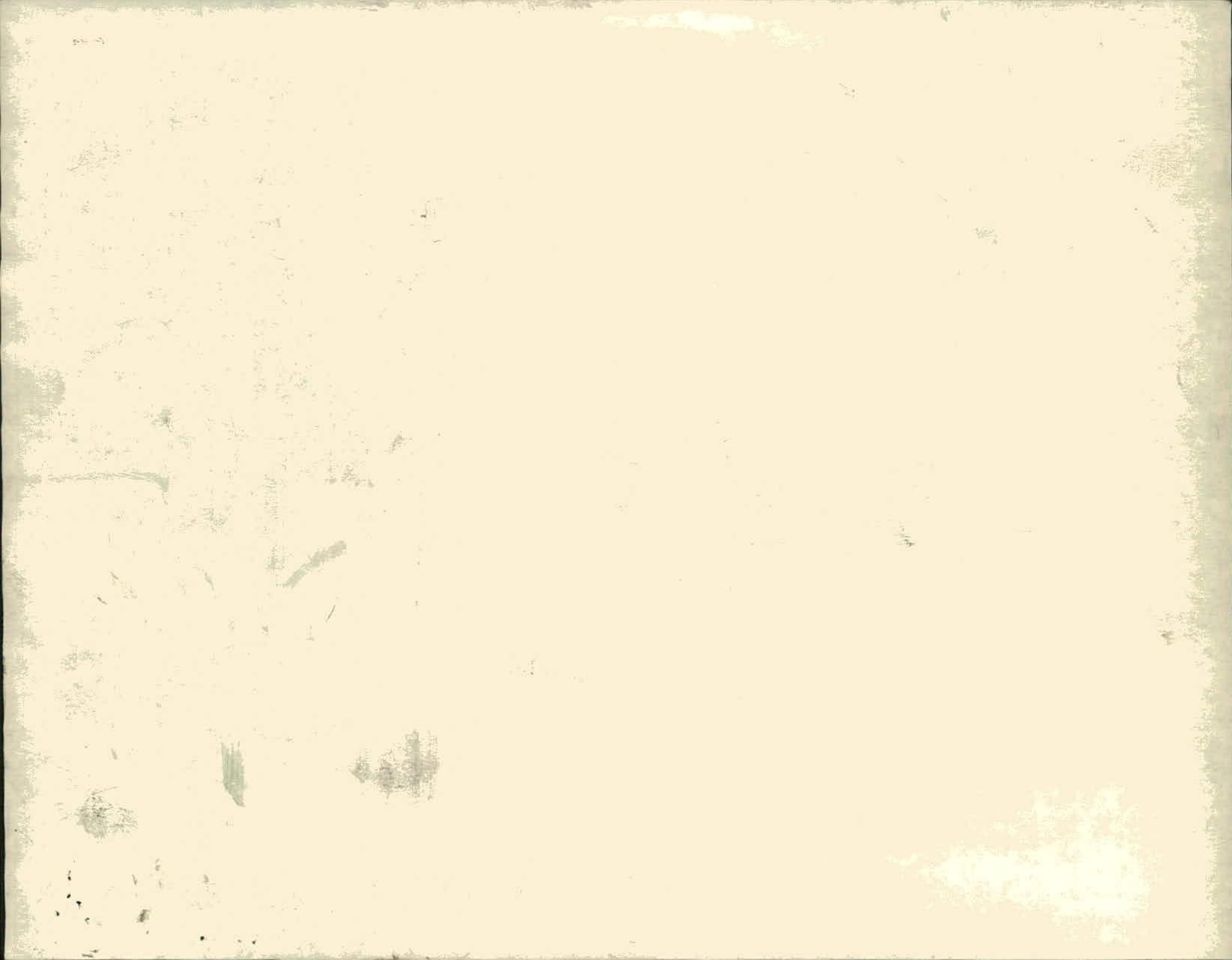
NORTHERN AERO INDUSTRIES LTD.
25 DUNLOP AVENUE
WINNIPEG, MB R2X 2V2
CA

Contact Name		Buyer	Chantal Lavoie
Vendor Phone	204-772-9922	Requisition Nbr	
Vendor Fax	204772-7568	Tax Resale Nbr	10127-2607
Vendor Account Nbr		Terms	Net 30
		Currency	USD
		FOB	Destination-Collect

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty	Unit Price	Extended Price
3	B80704-1	stud	2/28/2013 Yes	✓ 4.00 Each	FedEx PI collect \$87.0000	\$348.00
Line Total:						\$348.00
4	B80705-1	stud	2/28/2013 Yes	✓ 6.00 Each	FedEx PI collect \$99.5520	\$597.31
Line Total:						\$597.31
5	NAS509-12	Nut	2/28/2013 Yes	✓ 6.00 Each	FedEx PI collect \$11.5400	\$69.24
Line Total:						\$69.24
6	NAS509L12	Nut	2/28/2013 Yes	✓ 6.00 Each	FedEx PI collect \$22.4298	\$134.58

SP13-4-5.

3/12/2013



HELITRADES INC.

P.O. Box 162, 18 Terry Fox Drive
Vankleek Hill, Ontario
K0B 1R0, Canada
TEL (613) 678-3027 FAX(613) 678-2776
Email: helitrad@hawk.igs.net
GST# R102320439

PACKING SLIP:**H20388****DATE:**

03-Dec-2013

CUSTOMER P.O.

PO22245

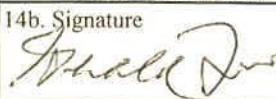
CUSTOMER I.D.:

DART AEROSPACE

DATE ITEM RECEIVED:

02-Dec-2013

SOLD TO: DART AEROSPACE
1270 ABERDEEN STREET**SHIP TO:**HAWKESBURY K6A 1K7
CHANTAL LAVOIE**Part Number:** D350-748-101 & 4ea D350-708-011
Description: CROSSTUBE (& 4ea Adj. engine mount)
Component ID: 206-13**Serial Number:** NSN**Removed From:** UNK**SHIP VIA:****WAYBILL #:****LIST OF ITEMS PICKED-UP:****1each P/N D350-748-101 Crosstube****4each P/N D350-748-011 Adjustable Engine Mount**

1. Approving Civil Aviation Authority/Country Transport Canada		2. AUTHORIZED RELEASE CERTIFICATE FORM ONE			3. Form tracking No. HTV-3556-2 Page 1 of 1		
4. Approved organization name and address HELITRADES INC. 18 Terry Fox Drive, Vankleek Hill, Ontario, K0B 1R0, Canada					5. Work order/contract/invoice H-20388		
6. Item 1	7. Description ADJUSTABLE ENGINE MOUNT.	8. Part No. D205-708-011	9. Qty 4	10. Serial/Batch No. N.S.N.	11. Status/work REPAIRED		
12. Remarks BRUSH CADMIUM PLATING APPLIED TO AFFECTED AREA.							
DOCUMENTATION FOR ALL WORK PERFORMED IS AVAILABLE ON FILE UNDER HELITRADES W/O SPECIFIED IN BLOCK # 5.							
13a. Certifies that the items identified above were manufactured in conformity to: <input type="checkbox"/> Approved design data and are in condition for safe operation. <input type="checkbox"/> Non approved design data specified in block 12.			14a. <input checked="" type="checkbox"/> CAR 571.10 Maintenance Release. <input type="checkbox"/> Other regulations specified in block 12. Certifies that, except where otherwise specified in block 12, the work identified in block 11 and described in block 12 was performed in accordance with the Canadian Aviation Regulations.				
13b. Signature		13c. Approved Organization Number		14b. Signature 		14c. Approved Organization Number AMO 3/86	
13d. Name		13e. Date (dd/mm/yyyy)		14d. Name GERALD TOM		14e. Date (dd/mm/yyyy) 3 DEC. 2013	
"This certificate does not constitute authority to install. Installers working in accordance with the national regulations of a country other than that specified in block 1 must ensure that their regulations recognize certifications from the country specified. Statements in blocks 13a or 14a do not constitute installation certification. In all cases, the technical record for the aircraft must contain an installation certification issued in accordance with the applicable national regulations before the aircraft may be flown." (Previously form 24-0078)							

HELITRADES INC.

P.O. Box 162, 18 Terry Fox Drive
Vankleek Hill, Ontario
K0B 1R0, Canada
TEL (613) 678-3027 FAX(613) 678-2776
Email: helitrad@hawk.igs.net
GST# R102320439

STRIP REPORT:**H20388****STRIP REPORT DATE:**

03-Dec-2013

CUSTOMER P.O.

22245

CUSTOMER I.D.:

DART AEROSPACE

DATE ITEM RECEIVED:

02-Dec-2013

SOLD TO: DART AEROSPACE
1270 ABERDEEN STREET**SHIP TO:**HAWKESBURY K6A 1K7
LINDA/MELANIE**Part Number:** D350-748-101 & 4ea D350-708-011
Description: CROSSTUBE (& 4ea Adj. engine mount)
Component ID: 206-13**Serial Number:** NSN**Removed From:** UNK**GENERAL CONDITIONS AS RECEIVED:** GOOD**UNIT RECEIVED FOR:** OVERHAUL _____ REPAIR X TEST _____ WARRANTY _____ INSP _____**WARRANTY ACCEPTED:** YES _____ NO _____ N/A X**REPORTED FAILURE:** TOUCH UP CAD PLATE on CROSSTUBE and 4each Adjustable engine mount**WAS REPORTED FAILURE CONFIRMED:** YES X NO _____**REMARKS:**

BRUSH CADMIUM REPAIRED ON CROSS TUBE AND 4 EACH ADJUSTABLE ENGINE MOUNT
CARRIED OUT.

DATE December 03, 2013INSPECTOR GERALD TOM